	noor the Paperw	ori Redución Aci	हा १ <u>९९</u> ६ र	u paisons ans r	ασυνικό το τοπραπ	v w	a consciou of th			ugh 7/31/2006. (
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
L	FOR	NUM	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1,16(a))									1	- NATE	,770	
TOTAL CLAIMS (37 OFR 1.16(c))		34	ការ់ឈន 2		. 14		xs •	\$	OR	x s 18 .		
INDEPENDENT CLARAS (37 CFR 1,15(b))		BAS 4	eunim	3 = -	• 1		XS =	-	OR OR	x :86 =	3.53 86	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+1 -		OR			
* If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	1108	
CLAIMS AS AMENDED - PART II									, un	IOIAL	1,00	
	·		SMALL ENTITY		OR	OTHER SMALL						
DMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	ीठांठा क्रांच्या अंद्रव	34	Minus	"34	-		x s =	100	OR	xs -	FEE	
AMEND	Independent (IF CFR 1.15(b))	. 4	Minus	"4	•	1	x \$		OR	x s		
A	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37	CFR 1.16(d)	1	4.0					
							TOTAL ADD'L FEE	Ü/	OR OR	TOTAL ADD'L FEE	4	
		(Column 1)		(Column 2)	(Column 3)					•		
AMENDMENTE	12/15/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	addi- Tional Fee		RATE	ADDI- TIONAL	
	Total (प्र टाम । । । इत्य	· 34 :	Minus	· 3\$	3		x s		OR	× * •	FEE	
	्रात्वकारण स्थापन प्रात्वकारमञ्जू	· +	Minus	.4	a		x \$=		OR	x s		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(6))						+5=		OR	+5 =		
		•					TOTAL ADD'S FEE		OR	TOTAL ADD'L FEE		
		(Cotumn 1) .	·	(Column 2)	(Calumn 3)		•			_		
MENDMENT C		CLAIMS . REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.166CB)	•	Minus	••			x \$		OR	xs •		
	Independent (SP CFR 1.16(b))	•	Minus	•••	3	r	× \$			x s =		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5e		OR	+ \$		
TC AS										TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												
	The "Highest Nu	umber Previously I mbor Previously P	raci For (id For (1	in this space otal or indepen	. is less than 3, an dent) is the highes	Her T	5". Mber found in th	elsharagas er	box in cob	omn 1.		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to lile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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